PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

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U.S. Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/777,078 Filing Date 02/13/2004				To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY	
	FOR		NUMBER FIL	LED NU	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A]	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i), o	or (m))	N/A		N/A		N/A]	N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),	E or (q))	N/A		N/A		N/A]	N/A		
TO1 (37	TAL CLAIMS CFR 1.16(i))		minus 20 =		•		x \$ =		OR	x s =		
IND (37	DEPENDENT CLAIM CFR 1.16(h))		minus 3 = *]	x \$ =]	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheet is \$2 addi	ets of pape 250 (\$125 itional 50 s	ngs exceed 100 on size fee due) for each on thereof. See ' CFR 1.16(s).								
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j))]			
* If !	the difference in colu	umn 1 is less than	ı zero, ente	r "0" in column 2.	_	TOTAL]	TOTAL			
L	APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY	
AMENDMENT	12/14/2010	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
ĬŽ.	Total (37 CFR 1.18(i))	• 24	Minus	·· 24	= 0]	x \$ =		OR	X \$52=	0	
뷡	Independent (37 CFR 1.16(h))	• 4	Minus	···4	= 0]	x \$ =		OR	X \$220=	0	
Ĭ,	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR			
						-	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
ᆫ		(Column 1)		(Column 2)	(Column 3)	_						
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
<u>ا</u> ي	Total (37 CFR 1,16(i))		Minus	**	=]	x \$ =		OR	x \$ =		
AMENDMENT	Independent (37 CFR 1/16(h))		Minus	***]	x \$ =		OR	x s =		
ᇳ	Application Size Fee (37 CFR 1.16(s))]]			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))]			OR			
						_	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
*** If	"If the entry in column 1 is less than the entry in column 2, write "or in column 3. If the "Highest Annubre Previously Paid For IN THIS SPACE is less than 30, enter "20". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". POLIN ANC!											

The considerance of information is required by 37 CER. 1.16. The information is required to obtain or retain a based by the public which his lost life lated by the USFTO to moceously an application. Confidentiality is ownered by 80 Sec. 72 and 37 CER. 1.16. This colded no estimated to take 92 annuals to complete a position form to the USFTO. I mine will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for motioning this burdon, about the sent to the CEM information Officer. US. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 2213-1450.